

[Need Help?](#)**Form 486**
Receipt of Service Confirmation Form [Print Preview](#)**Applicant's Form Identifier:** phones**Form 486 Number:** 890100**Security Code:** 55118

Please record your Form 486 Number and Security Code.
You will need this information if you wish to exit and then
return later to this online Form 486 application.

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Client Service Bureau: 1-888-203-8100

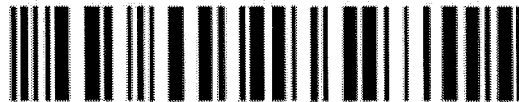
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FCC Form 486	Do Not Write in this Area		Approval by OMB 3060-0853 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Receipt of Service Confirmation Form			
To be completed by the Billed Entity Please read instructions before completing.			
(You can also file online at www.usac.org/sl .)			
Applicant's Form Identifier phones (Create your own code to identify THIS Form 486)		Form 486 Application#: 890100 (To be assigned by administrator)	
Block 1: Billed Entity Information			
1. Name of Billed Entity SWITZERLAND COUNTY SCHOOL CORP			
2. Billed Entity Number 130531		3. Funding Year July 1, 2010 through June 30, 2011	
4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 1040 W. MAIN STREET			
City VEVAY		State IN	Zip Code 47043 - 9165
Telephone Number 812-427-2611 Extension		Fax Number 812-427-3695	
5. Contact Person Information Contact Person Name John Sieglitz			
Street Address, P.O. Box or Route Number 1040 West Main			
City Vevay			
State IN		Zip Code 47043 -	
Check the box next to the preferred mode of contact. (At least one box MUST be checked.)			
<input type="checkbox"/> Telephone Number 812-427-2611 Extension 6010		<input type="checkbox"/> Fax Number 812-427-2044	
<input checked="" type="checkbox"/> Email Address jks@switzerland.k12.in.us			



0486010103

Entity Number	130531	Applicant's Form Identifier	phones
Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010
Block 2: Early Filing Information and CIPA Waiver Requests			
6a. Early Filing			
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.			
<input type="checkbox"/> The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year. Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.			
6b. CIPA Waiver			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.			
6c. CIPA Waiver for Libraries for Funding Year 2004			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.			



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Entity Number	130531	Applicant's Form Identifier	phones
Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010
Block 3: Service Information			
<p>7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.</p> <p>Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here:</p>			

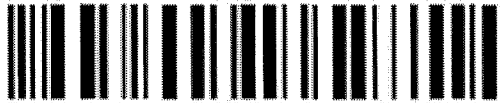
3

(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
768094	2077362	143019614	CenturyLink Corporation (FKA Embarq)	7/1/2010
768094	2077451	143019614	CenturyLink Corporation (FKA Embarq)	7/1/2010



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Entity Number	130531	Applicant's Form Identifier	phones
Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010
Block 4: Certifications and Signature			
8.	<input type="checkbox"/> I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body ? a USAC-certified technology plan approver ? prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.		
Indiana Department of Education			
9.	<input checked="" type="checkbox"/> I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.		
10.	<input checked="" type="checkbox"/> I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.		
<p>NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")</p> <p>IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.</p>			



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Entity Number	130531	Applicant's Form Identifier	phones
Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☒ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES

- d. ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

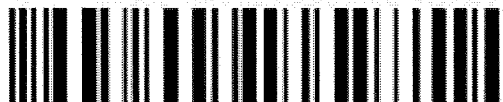
For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. ☐ I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

The certification language above is not intended to fully set forth or explain all the requirements of the statute.



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FCC Form
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Do Not Write In This Area

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Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

12. Signature of authorized person

13. Date

14. Printed name of authorized person

John Sieglitz

15. Title or position of authorized person

Director of Technology

16a. Street Address, P.O. Box, or Route Number

1040 West Main

City

Vevay

State IN Zip Code 47043 -

16b. Telephone number of authorized person

812-427-2611

Extension

6010

16c. Fax number of authorized person

812-427-2044

16d. Email address of authorized person

jks@switzerland.k12.in.us



0486010603

Entity Number	130531	Applicant's Form Identifier	phones
Contact Person	John Sieglitz	Phone Number	812-427-2611 x 6010

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

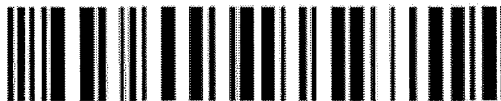
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms
ATTN: SLD Form 486
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



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